

Attach ID Label Here

ARCHIVE COPY

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Write Participant ID Here

6

16

Tape No.:

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23

Tape Counter Reading:

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27

Interview Date:

MONTH		DAY		YEAR	

17

Side:

1 ☐ A2 ☐ B

30

## MRFIT BEHAVIOR PATTERN INTERVIEW

Check each box that applies.

## HANDSHAKE:

- |   |                                  |                                       |                                 |
|---|----------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> "limp wrist"   | <input type="checkbox"/> weak    | <input type="checkbox"/> average      | <input type="checkbox"/> strong |
| <input type="checkbox"/> moist and cold | <input type="checkbox"/> average | <input type="checkbox"/> warm and dry |                                 |

## ATTITUDE:

- |                                   |                                  |                                  |
|-----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> friendly | <input type="checkbox"/> neutral | <input type="checkbox"/> hostile |
|-----------------------------------|----------------------------------|----------------------------------|

## GENERAL APPEARANCE:

- |                               |                                  |                                |                                |
|-------------------------------|----------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> calm | <input type="checkbox"/> nervous | <input type="checkbox"/> tense | <input type="checkbox"/> alert |
|-------------------------------|----------------------------------|--------------------------------|--------------------------------|

## MOTOR PACE:

- |                               |                                  |                                  |
|-------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> slow | <input type="checkbox"/> average | <input type="checkbox"/> hurried |
|-------------------------------|----------------------------------|----------------------------------|

## SPEECH HURRYING:

- |                               |                                     |                                   |
|-------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> none | <input type="checkbox"/> occasional | <input type="checkbox"/> frequent |
|-------------------------------|-------------------------------------|-----------------------------------|

## VOICE QUALITY:

- |                                  |                                  |                                 |
|----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> subdued | <input type="checkbox"/> average | <input type="checkbox"/> strong |
|----------------------------------|----------------------------------|---------------------------------|

RHYTHMIC MOVEMENTS  
HANDS/FEET:

- |                               |                                     |                                   |
|-------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> none | <input type="checkbox"/> occasional | <input type="checkbox"/> frequent |
|-------------------------------|-------------------------------------|-----------------------------------|

## FACIAL EXPRESSIONS:

- |                               |                                     |  |                                       |
|-------------------------------|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> flat | <input type="checkbox"/> expressive | <input type="checkbox"/> lateral mouth<br>speech | <input type="checkbox"/> clenched jaw |
|-------------------------------|-------------------------------------|--|---------------------------------------|

## LAUGHTER:

- |                               |  |  |
|-------------------------------|--|--|
| <input type="checkbox"/> none | <input type="checkbox"/> "round mouth" | <input type="checkbox"/> lateral smile |
|-------------------------------|--|--|

## FIST CLENCHING:

- |                               |                               |                                     |                                   |
|-------------------------------|-------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> none | <input type="checkbox"/> rare | <input type="checkbox"/> occasional | <input type="checkbox"/> frequent |
|-------------------------------|-------------------------------|-------------------------------------|-----------------------------------|

## SIGHING:

- |                               |                                     |                                   |
|-------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> none | <input type="checkbox"/> occasional | <input type="checkbox"/> frequent |
|-------------------------------|-------------------------------------|-----------------------------------|

COMMENTS:

## INTERVIEWER'S ASSESSMENT

1 ☐ A1 2 ☐ A2 3 ☐ X 4 ☐ B1 ☐ Certain 2 ☐ Uncertain

Interviewer's Code:

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BEHAVE2S

31

32

33